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|-----------------------------|---------------------------------------|--------------|------------------------|--|
| SERIAL NUMBER<br>10/787,024 | FILING DATE<br>02/25/2004<br><br>RULE | CLASS<br>455 | GROUP ART UNIT<br>2681 | ATTORNEY<br>DOCKET NO.<br>555255012595 |
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APPLICANTS  
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\*\* CONTINUING DATA \*\*\*\*\*  
*none K.P.*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
*none K.P.*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 05/14/2004

|   |   |                        |                       |                            |
|---|---|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | STATE OR<br>COUNTRY<br>NJ   | SHEETS<br>DRAWING<br>9 | TOTAL<br>CLAIMS<br>26 | INDEPENDENT<br>CLAIMS<br>5 |
| 35 USC 119 (a-d) conditions<br>met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>Allowance | EXAMINER'S SIGNATURE<br><i>[Signature]</i><br>Initials<br><i>K.P.</i> |                        |                       |                            |
| Verified and<br>Acknowledged  |   |                        |                       |                            |

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TITLE  
 Phone number replace code system and method

|                                    |   |   |
|------------------------------------|---|---|
| FILING FEE<br><br>RECEIVED<br>1050 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____ |
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